

Serving Newtown,
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NEWTOWN DISTRICT DEPARTMENT OF HEALTH

FARMERS' MARKET VENDING APPLICATION

Date of application: _____

Dates vending: _____

Vending Location: _____

Participant Name: _____

Participant's Mailing Address: _____

Participant's Cell Phone Number: _____

Participant's E-mail Address: _____

Business Name (if applicable): _____

Business Address: _____

Business Phone Number: _____

Signature: _____

Please list **all** the products (farming and non-farming items) you intend to sell or offer at the Market. Vendors shall provide verification of other agency licenses as required, e.g., shellfish shipper license, apple juice and cider manufacturer license, milk producer, milk dealer license, cheese manufacturer, bakery license, non-alcoholic beverage license:

***Cooking and preparing food items at the Farmers' Market by any individual, even those not considered to be farmers, is prohibited on the campus of Fairfield Hills. Samples are required to be offered in individual 2 or 4 ounce cups only. Food offered at other locations throughout the District will require a Temporary Food Service License.**

EXEMPT PRODUCTS PREPARED ON RESIDENTIAL FARMS REQUIREMENTS

Pickles, Salsa, Hot Sauce:

1. Water analysis test negative for bacteria.
2. pH test of such food is performed by a laboratory after completion of the recipe for such a product.
3. Use of kitchen where such foods are prepared is restricted from non-processing individuals, pets, children or any other potential contaminants during such preparation.
4. Qualified Food Operator documentation.
5. Each container of exempted food products: pickles, hot sauce, salsa, maple syrup, honey, jam, jelly, or preserves, offered shall have on its label (in 10 point type);

"NOT PREPARED IN A GOVERNMENT INSPECTED KITCHEN"

Farmers' Market Vending Applications are required 14 days prior to participation to allow for adequate review. Approved applications shall be issued a Farmers Market Vending License which must be displayed at each booth / kiosk.

Application reviewed by:

Health District:_____date:_____

Land Use:_____date:_____